

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF LAW
25 Market Street
A-901 Unit, P.O. Box 093
Trenton N.J. 08625-0093
609-292-6018

A-901

ANNUAL UPDATE FOR THE YEAR 2011
BUSINESS CONCERN DISCLOSURE STATEMENT

Name of Entity Holding/Applying for NJDEP Solid or Hazardous Waste License

Business Name: _____

If form was prepared by a person other than the individual or individuals signing this affidavit (e.g., attorney, accountant, etc.), please indicate below:

Name: _____

Address: _____

Title: _____

Telephone #: _____

PLEASE RETURN UPDATE NO LATER THAN NOVEMBER 1ST

Instructions: Please review your records and check with your directors, officers, owners, partners, key employees, and debt holders ("principals"), to identify changes of information from your previously filed disclosure statement and retain a copy for your files.

All sections must be completed even if there have been no changes since the previous Update. **Check boxes where applicable.**

Definitions: The term "applicant", as used in this Update form, includes licensees and permittees.

The term "Key employee", as used in this Update form, means an individual employed by the applicant in a supervisory capacity or empowered to make discretionary decisions with respect to the solid waste or hazardous waste operations of the applicant in New Jersey. It does not include employees exclusively engaged in the physical or mechanical collection, transportation, treatment, storage, transfer, or disposal of solid waste or hazardous waste.

Failure to file a complete Annual Update will Terminate the A-901 License.

Incomplete Updates will be returned.

*****New Internet Information*****

You may now subscribe to the New Jersey Department of Environmental Protection Compliance Advisories at

<http://www.state.nj.us/dep/enforcement/listserv.html>

A-901 forms may be found at

<http://www.state.nj.us/dep/dshw/a901/a901frms.htm>

You are required to notify the A-901 Unit in writing of any changes after submitting this Update.

Please contact the A-901 Unit at 609-292-6018 for questions concerning this Update.

Name of Entity Holding/Applying for NJDEP Solid or Hazardous Waste License

Business Name: _____

Trading as: _____

Business Address: _____
(Physical location)

Telephone: _____

Mailing Address: _____

Contact Name: _____

Title: _____

Telephone: _____

Fax number: _____

Business Email address: _____

Is Email address the same as last year? ☐ Yes ☐ No

☐ Check box if this company filed for licensure as a Secondary Business Activity Corporation. (A Secondary Business Activity Corporation is, essentially, a publicly traded company which derives 5% or less of its gross revenues from the waste industry. See N.J.S.A. 13:1E-127k for the precise definition of the term).

The A-901 Unit must be notified of any changes after submitting this Update.

Form of Business: _____ (Please check one)

- ☐ Corporation ☐ Subchapter S Corporation ☐ Limited Liability Company
☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership
☐ Joint Venture ☐ Other (describe): _____

This business entity is registered and currently in Good Standing with the New Jersey Division of Commercial Recordings. ☐ Yes ☐ No

Type of Service or Facility: (Check all that apply)	Currently <u>Licensed</u>	License <u>Applied For</u>
Solid Waste Transporter	<input type="checkbox"/>	<input type="checkbox"/>
Compost Facility	<input type="checkbox"/>	<input type="checkbox"/>
Materials Recovery Facility	<input type="checkbox"/>	<input type="checkbox"/>
Resource Recovery Facility	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Landfill	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Station	<input type="checkbox"/>	<input type="checkbox"/>
Consultant/broker	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste Transporter	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste TSD Facility	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____		

The A-901 Unit must be notified of any changes after submitting this Update.

PLEASE SUPPLY THE FOLLOWING IF APPLICABLE

NJDEP Registration # : _____

Federal DOT # _____
USEPA I.D. # _____
FEID # _____
Certificate of Public Convenience & Necessity # _____

APPLICANT/LICENSEE IDENTIFYING DATA

NOTE: The term "applicant" as used in this Business Concern Update form, includes licensees and permittees.

1. **PAST NAMES OF APPLICANT/LICENSEE:** List all names under which the applicant/licensee has done business or held itself out to the public as doing business in the last 5 years. Include names such as "trading as," "doing business as," fictitious or informal names.

Name: _____

Dates from _____ To _____

2. **ATTORNEY AND ACCOUNTANT:** State the name, address and telephone number of the applicant/licensee's attorney and accountant:

Attorney: _____

Address: _____

Telephone#: _____

Accountant: _____

Address: _____

Telephone #: _____

The A-901 Unit must be notified of any changes after submitting this Update.

NOTE: In the following questions, the term "you" or "applicant" refers to the applicant/licensee identified on the cover of this update form **and** to any of the following:

- a. Any predecessor firm.
- b. Subsidiaries: Any business in which the applicant/licensee holds 25% or more of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds 25% or more of the equity or debt liability. *For this purpose only*, "applicant/licensee's parent company" means any company holding 25% or more of the equity or debt liability of the applicant.
- d. Any officer, director, partner, joint venturer or key employee of the applicant/licensee, and any business concern owned or controlled by any such individual.

ANTITRUST JUDGMENTS

List and explain all complaints, judgments, consent decrees or consent orders pertaining to a violation by you of Federal or State antitrust laws, trade regulations or securities regulations not previously disclosed. Attach a copy of the complaint and, if applicable, the disposition.

☐ None.

☐ Yes. Please complete all sections.

Title of Case: _____ **Docket #:** _____

Name & Location of Court or agency: _____

Date judgment decree or order entered: _____

Nature of Order: _____

The A-901 Unit must be notified of any changes after submitting this Update.

CIVIL VIOLATIONS HISTORY

Please list any violation notices, civil complaints, administrative orders or directives, or any similar instruments (all referred to below as "violation notices") issued

against the applicant by any governmental agency, which have not been disclosed in prior A-901 disclosure statements, and which arise under any law or regulation pertaining to protection of the environment. This phrase includes statutes and regulations relating to the disposal, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste and hazardous waste; and any other statutes or regulations relating to air and water pollution, discharge of hazardous substances, transportation of hazardous materials and control of pesticides or toxic substances. It includes regulations of the N.J. DEP, N.J. DOT, U.S. EPA, and the U.S. Department of Transportation. Penalty assessments of less than \$25,000, and assessments made more than 5 years ago, need not be listed. Use additional copies of this page if necessary.

☐ None. ☐ Yes. Please complete all sections.

VIOLATION NOTICES: (Include Federal, State, Municipal and Foreign Countries)

(NAME OF ENTITY CITED)

(DATE ISSUED)

(ADDRESS OF VIOLATION)

(ALLEGED VIOLATION)

(TYPE OF NOTICE)

(DISPOSITION AND EXPLANATION)

(ISSUING AGENCY)

(DOCKET#)

(PENALTY ASSESSED)

The A-901 Unit must be notified of any changes after submitting this Update.

PENDING SUITS

List and describe the nature of any civil lawsuits in which the Licensee is presently named as a party. Do not include any civil violations listed in response to the previous section (Civil Violations History), and do not include any criminal cases listed in response to the following section (Criminal Charges and Convictions). Do not include personal injury (“slip and fall”) cases, traffic or accident cases, or any other type of case that involves a claim for damages of less than \$50,000. Use additional copies of this page if necessary.

☐ None. ☐ Yes. Please complete all sections.

Caption of Case: _____

Docket No: _____

Name & Location of Court:

Nature of suit/relief sought: _____

Status: _____

The A-901 Unit must be notified of any changes after submitting this Update.

CRIMINAL CHARGES AND CONVICTIONS

List all indictments, accusations, summonses, complaints, and informations filed against the applicant/licensee, or any owner (other than a person holding less than 5% of the equity of the applicant/licensee if the applicant/licensee is a publicly traded company), partner, director, officer, or key employee of the applicant/licensee, for any crime or felony **not previously disclosed**. List all accusations, summonses, complaints, and informations filed against the applicant/licensee, or any owner (other than a person holding less than 5% of the equity of the applicant/licensee if the applicant/licensee is a publicly traded company), partner, director, officer, or key employee of the applicant/licensee, for any misdemeanor, disorderly persons offense, or criminal violation not previously disclosed. Please list convictions first.

NOTE: You need not list convictions for minor traffic offenses. Violations of N.J.S.A. 39:5B-25 et seq. or N.J.S.A. 39:5B-30 et seq., Death by Auto, Vehicular Homicide, or comparable motor vehicle offenses in jurisdictions other than New Jersey must be listed.

☐ None.

☐ Yes. Please complete all sections.

Name of entity charged/convicted: _____

Description of Crime/offense charged: _____

Indictment/other charging instrument # _____

Date Charged: _____

Jurisdiction where charged: _____

Disposition: _____

Name of entity charged/convicted: _____

Description of Crime/offense charged: _____

Indictment/other charging instrument # _____

Date Charged: _____

Jurisdiction where charged: _____

Disposition: _____

CORPORATE OWNERSHIP OF APPLICANT/LICENSEE

If applicant/licensee is owned by a corporation or other business organization, please provide said corporation's or business organization's name. If that organization is owned in turn by a corporation or other business organization please provide a chart showing the relationships between applicant/licensee and its various direct and indirect owners. **Any organization listed below or disclosed in an accompanying chart must file a Second Level Business Concern Update.**

The A-901 Unit must be notified of any changes after submitting this Update.

LEASE QUESTIONNAIRE

1. Does the applicant/licensee lease 10 OR MORE SOLID OR HAZARDOUS VEHICLES OR DRIVERS? ☐ Yes ☐ No

If no, the lease questionnaire is complete. If yes, answer the following questions below.

2. Does the applicant/licensee lease MORE THAN 10 SOLID WASTE VEHICLES AND DRIVERS FROM A SINGLE LESSOR, which is not the licensee?
☐ Yes ☐ No
3. Do the leased vehicles and operators from a single lessor amount to 20% OR MORE OF THE ENTIRE FLEET?
☐ Yes ☐ No
4. Does the applicant/licensee lease 20 OR MORE OPERATORS OR DRIVERS FROM A SINGLE LESSOR?
☐ Yes ☐ No

If you answered Yes to the first questions AND one or more of the remaining questions, then the lessor must file a disclosure statement and you must complete the attached Lessor Addendum.

If your company must file, the permittee or licensee must, within 30 days of entering into the lease, file, or cause to file, a Business Concern Disclosure Statement for the lessor, and Personal History Disclosure Statements for directors, officers, key employees, partners and equity holders of the lessor.

If the lessor is already a licensee or an applicant applying for an A-901 License, then in lieu of filing duplicate disclosure statements, lessees may instead provide a written notice within 10 days to the Division of Law, Environmental Section, A-901 Unit that the lessor is already A-901 approved or is already an applicant whose disclosure statement is on file.

The A-901 Unit must be notified of any changes or additional leases after submitting this update.

LESSOR ADDENDUM

Please copy this addendum as needed, if your company leases from more than one lessor that meets the criteria set forth in the lease questionnaire.

Name of Lessor: _____

Address: _____

Number of Vehicles leased: _____

Number of Drivers leased: _____

Total Number of Vehicles in
Applicant's or A-901 licensed
company's fleet: _____

Please note:

N.J.A.C. 7:26-1.4

“Solid waste vehicle” means any device used to carry solid waste excluding hazardous waste off-site or to a solid waste facility. A solid waste vehicle includes, but is not limited to, a solid waste single-unit vehicle, solid waste cab and/or solid waste transport unit.

SUMMARY OF INDIVIDUAL PRINCIPALS OF APPLICANT/LICENSEE

Please **list all current individual principals** of the applicant/licensee. If a below-listed principal is new, and has not previously been disclosed, please so indicate. Before Social Security numbers of persons named below who have not previously consented to disclosure of their social security numbers are provided, such persons should read the attached privacy notice on social security numbers and sign the attached Consent Form for Disclosure of Social Security numbers.

Personal History Disclosure Forms for new individuals (other than new debtholders) must be filed with the Division within 30 days. The A-901 Unit must be notified of any changes after submitting this Update.

Please do not respond below by referencing a previous update or application.

Please list all current directors, officers, partners, LLC members, equity holders/owners, key employees, and debt holders of the applicant/licensee.

EQUITYHOLDERS/OWNERS

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Percent % of Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Date Appointed to Position</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICERS

<u>Name</u>	<u>Title</u>	<u>DOB</u>	<u>SS#</u>	<u>Date Appointed to Position</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARTNERS

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Percent % of Ownership</u>
_____	_____	_____	_____

LLC MEMBERS

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Percent % of Membership</u>

KEY EMPLOYEES

<u>Name</u>	<u>Title</u>	<u>DOB</u>	<u>SS#</u>

DEBT HOLDERS

<u>Name</u>	<u>DOB</u>	<u>SS#</u>

☐ The above lists all current directors, officers, partners, key employees, and debt holders (hereafter, "principals") of the applicant/licensee.

Omission of a previously listed principal will be taken as a representation that such principal is no longer affiliated with the applicant/licensee as a principal.

Failure to provided a complete list of principals may subject the applicant/licensee to penalties, or to revocation/denial of licensure.

RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians,

credit reporting agencies, taxation authorities (including the I.R.S.) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

On behalf of _____
(Full Legal Name of Business)

I, _____, have authorized the Attorney
(Type/Print Name of Person Authorizing Release)

General of New Jersey to conduct an investigation into the background of the said enterprise, its principals, and myself, for the purpose of determining the suitability of the applicant to hold a solid waste or hazardous waste license, as provided under N.J.S.A. 13:1E-126 et seq.

Therefore, you are hereby authorized to release any and all information pertaining to the said enterprise, its principals, and myself, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General of New Jersey.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

Dated: _____
Signature of Person Authorizing Release

Type or print title/position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____, 201____, _____
(Name Person Authorizing Release above)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and
(B) was authorized to and did execute this instrument on behalf of and as _____
(Title/Position)

of _____, the entity named in this instrument.
(Name of Business)

Signature (Notary public)
(Seal and Date of Commission)

BUSINESS CONCERN DISCLOSURE STATEMENT UPDATE CERTIFICATION

This Business Concern Disclosure Statement Update must be signed and certified below by a responsible official of the applicant. Use additional copies of this page, as necessary.

I, _____, hereby
(Name of Person Certifying Disclosure)

certify that I have read, in its entirety, the attached Business Concern Disclosure Statement Update

of _____, as well as the Social Security
(Full Legal Name of Business)

Numbers notice provided with this document, and that the information provided is true to the best of my knowledge. I further certify that I have caused a diligent effort to be made by the employees and agents of the applicant to honestly and thoroughly respond to the inquiries in this Business Concern Disclosure Statement Update and that I have ensured that the information provided on this Business Concern Disclosure Update form has been verified. I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution. I further understand that fraudulent, deceptive, misleading or negligent answers may result in the denial or revocation of the applicant's license.

Date: _____ Signature: _____

Type or print name

Type or print title/position

State of New Jersey)
)
County of _____)

I certify that on the _____ day of _____, 201____, _____
(Signer)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and

(B) was authorized to and did execute this instrument on behalf of and as _____
(Title/Position)

of _____, the entity named in this instrument.
(Name of Business)

Signature (Notary public)
(Seal and Date of Commission)

CONSENT FORM FOR DISCLOSURE OF SOCIAL SECURITY NUMBERS

The following individuals hereby certify that they have read the attached social security notice and consent to the disclosure of their social security numbers for the limited purposes set forth therein. Only individuals not disclosed in prior filings need sign below. New individuals must submit a Personal History Disclosure within 30 days of taking office. Attach copies of this page as necessary.

(Printed Name)	(Signature)	(Date)
(Printed Name)	(Signature)	(Date)

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the
Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Department of Environmental Protection and the Attorney General are authorized to request Social Security numbers by the section of the A-901 statute that defines the content of the Disclosure Statement, N.J.S.A. 13:1E-127(e). The Social Security number is used as a secondary identifier by the New Jersey State Police when conducting background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification when the State Police conduct checks of criminal history records maintained by the State and Federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and decisions on licensure because of the additional investigation time which may be necessary to confirm identifications without the Social Security number. In addition, the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

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